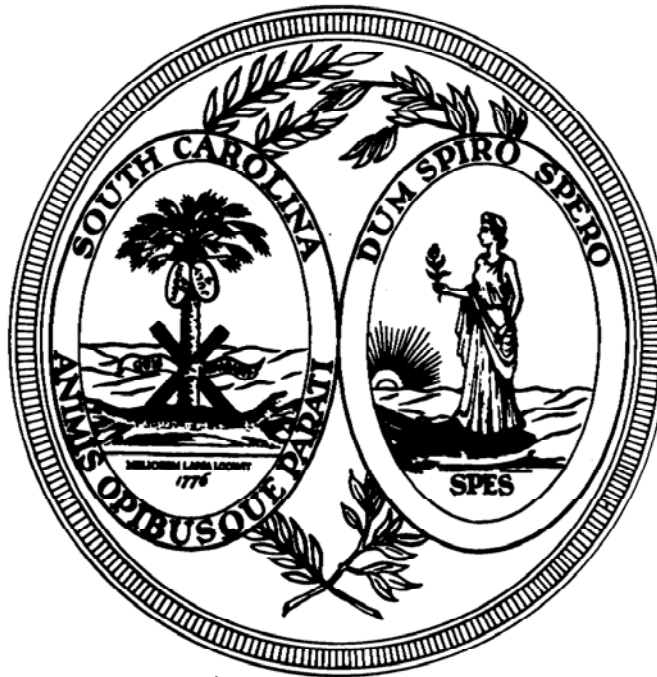




## Regulation Number 61-75

### Standards for Licensing Day Care Facilities for Adults



**Promulgated by the Board of Health and Environmental Control**

**Administered by the Division of Health Licensing**

Including Changes

Published in the *State Register*, Volume 15, Issue 6, June 28, 1991

This is a courtesy copy of Regulation R61-75

The official document is on record in the *State Register* and the S.C. Code Ann. (2002). This regulation is provided by DHEC for the convenience of the public. Every effort has been made to ensure its accuracy; however, it is not the official text. DHEC reserves the right to withdraw or correct this text if deviations from the official text as published in the *State Register* are found.

**This copy was updated to correct or note typographical errors between the *State Register* and the contents of this regulation on December 5, 2003.**



## **DIVISION OF HEALTH LICENSING REGULATIONS**

### **Provider-Wide Exceptions**


In the interest of establishing reasonable standards that can be met by providers and yet do not compromise the health and well-being of the patients, residents, and participants cared for in South Carolina licensed facilities, it has been determined that alternative standards will be considered as acceptable. A Provider-Wide Exception (PWE) is the tool that is used to achieve a working relationship between the facility and their regulators. This section may also contain Position Statements that give guidance or interpretations of the regulation.

Note: Some Provider-Wide Exceptions pre-date the publishing dates of specific Regulations established by the *State Register* and may no longer be in effect. In these instances, if there is a conflict between a PWE that pre-dates the publishing date of the regulation, the standard in the regulation shall supercede the PWE.

January 24, 1997

**MEMORANDUM**

TO: Administrators of Licensed Health Care Facilities

FROM:   
Alan Samuels, Director  
Division of Health Licensing

SUBJECT: Provider-Wide Exception

Various regulations published by this Division address distances from entrance doors to private/semi-private rooms along the line of travel to the nearest exit. These distances vary based upon whether a building is sprinklered. A table within the Standard Building Code indicates the distances which are appropriate for various types of facilities.

In the interest of establishing reasonable standards which can be met by providers and yet do not compromise the health, safety, and welfare of patients cared for by licensed health care facilities, it has been determined that the distances indicated in the Standard Building Code may be utilized as alternate standards and will be considered acceptable.

This standard will be required in the planning/construction phase of the initial licensing procedure.


AS:GM

cc: Division of Health Facilities Construction  
Alice Truluck, Customer Service Liaison

January 24, 1997

MEMORANDUM

To: All Licensed Facilities

From:   
Alan Samuels, Director  
Division of Health Licensing

Subject: Disaster Shelter

In the event that you provide temporary shelter for evacuees who have been displaced due to a disaster, then for the time of that emergency, it is permissible to temporarily exceed the licensed capacity for your facility in order to accommodate these individuals.

The details of these contingency arrangements should be addressed in your emergency/disaster plan, to include the maximum number of individuals that could be safely and comfortably housed above the licensed capacity of the facility on a temporary basis.

Also, in those instances where evacuees have been relocated to your facility, the Division of Health Licensing must be notified not later than the following work day of those evacuees received.


Should you have any questions, please call us at 803-737-7202.

AS/JML/db

April 2, 1996

**MEMORANDUM:**

**TO:** Administrators, Day Care Facilities for Adults

**FROM:** Alan Samuels, Director  
Division of Health Licensing 

**SUBJECT:** Provider-Wide Exception Regarding Participant Admission Physical Examination

Regulation 61-75, Standard for Licensing Day Care Facilities for Adults, Sections D.2. and D.3.b., states that "A physical examination is required within 60 days prior to the enrollment of any participant."

It has been determined that, in the event of a transfer of a participant from one licensed facility to another licensed facility, a new, pre-enrollment physical examination is not required if the new facility obtains a copy of the latest (within the last two years) physical examination of the transferred participant.

Please note that Section D.3.d.(1) still requires an initial assessment by facility staff of the participant's physical condition, capabilities, and needs. Also, no more than two years shall elapse between subsequent physician's health screenings.

If there are any questions regarding the above, please call (803) 737-7202.

AS:JG:pac

cc: Douglas E. Bryant, Commissioner  
Alice Truluck, Commissioner's Office

June 18, 1996

**MEMORANDUM**

**TO:** Administrators

**FROM:** Alan Samuels, Director  
Division of Health Licensing



**SUBJECT:** Conditions that will Allow a Provider-wide Partial Exception to the Requirements of Regulations 61-75, 61-77, 61-78, 61-91, 61-93, and 61-97.

Standards outlined in Regulation 61-75, Standards for Licensing Day Care Facilities for Adults, Section C.4.b.; Regulation 61-77, Standards for Licensing Home Health Agencies, Section 302.; Regulation 61-78, Standards for Licensing Hospices, Section 302.; Regulation 61-91, Minimum Standards for Licensing Ambulatory Surgical Facilities, Section 302.A.5.; Regulation 61-93, Standards for Licensing Outpatient Facilities for Chemically Dependent or Addicted Persons, Section 300.; and Regulation 61-97, Standards for Licensing Renal Dialysis Facilities, Section 302.B.5. require that facility policies and procedures be reviewed at least annually. This documentation has been routinely examined during inspections for indications that the annual review has been accomplished.

In the interest of establishing reasonable standards which do not compromise the health and welfare of participants/patients/clients receiving care/treatment in day care facilities for adults, home health agencies, hospices, ambulatory surgical facilities, outpatient facilities for chemically dependent or addicted persons, and renal dialysis facilities, it has been determined that an alternative standard will be allowed.

All day care facilities for adults, home health agencies, hospices, ambulatory surgical facilities, outpatient facilities for chemically dependent or addicted persons, and renal dialysis facilities must meet either the standards outlined in their respective licensing standard, OR, as an alternative:

Procedures shall be revised as required in order to reflect actual facility practice. Additionally, facilities shall establish a time-frame for overall review of all procedures. This time-frame shall be documented in facility procedure, and overall reviews shall be documented.

**Policy & Procedure Exception**

**June 18, 1996**

**Page Two**

Facility staff shall work together with the appropriate governing body, management, medical staff, and clinical and managerial leaders in developing, reviewing, and revising procedures as needed. This exception does not change any other standards not specifically addressed in this letter.

The standards in R61-75, Section C.4.b.; R61-77, Section 302.; R61-78, Section 302.; R61-91, Section 302.A.5.; R61-93, Section 300.; and R61-97, Section 302.B.5. will be enforced during inspections, as required either by the regulation or the provider-wide exception. This exception applies to any day care facility for adults, home health agency, hospice, ambulatory surgical facility, outpatient facility for chemically dependent or addicted persons, or renal dialysis facility licensed by the Department. It relates solely to South Carolina licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions, please call (803) 737-7202.

AS:GM:pac

cc: Alice Truluck, SCDHEC  
Brenda Iverson, SCADCA  
Gloria Bowden, SCHCA  
Tambra Medley, Hospice for the Carolinas

Ann Durant, RDAC  
Beverly Hamilton, SCDAODAS  
Maria I. Sample, FASCA of S.C.

November 15, 1996

## MEMORANDUM

To: Administrators of Licensed Hospitals, Nursing Homes, Intermediate Care Facilities for the Mentally Retarded, Community Residential Care Facilities, Ambulatory Surgical Facilities, Residential Treatment Facilities for Children and Adolescents, Outpatient Facilities for Chemically Dependent or Addicted Persons, Day Care Facilities for Adults and Renal Dialysis Facilities

Alan Samuels, Director

Division of Health Licensing



### Reportable Accidents/Incidents which must be reported to Health Licensing

Licensing standards for your facility require you to notify this division in the event of certain accidents and incidents in your facility that are identified on the attachment to this memorandum. Reporting requirements for each facility vary. Despite these differences, we have established a data base to manage the information that has been submitted.

Our Assessment Program is charged with identifying and reviewing trends which impact the licensing of health and other care facilities and programs. At this time, emphasis is being given to the review of reportable accidents and incidents. Upon study of the information maintained in this data base, we anticipate being able to identify trends facilities and programs are currently experiencing. Upon trend identification, we plan to formulate specific courses of action. Those actions might include regulation amendment, promotion of educational opportunities, and to work in partnership with specific facilities regarding quality assurance programs. We are requesting your assistance with compilation of this data. Please review the current format that you are using to report incidents and accidents to insure it provides the following information:

Facility/Program Name	Extent/Type of Injury and How Treated, e.g. hospitalization
Client Age and Sex;	Identified Cause of Incident/Accident
Date of Incident/Accident/Location	Internal Investigation Results if Cause Unknown
Witness Names	Identity of Other Agencies Notified of Incident
	Date of the Report

The attached form for reporting incident reports is provided as a model. Use of this form is at your discretion. It is not intended to replace the form you are using to record incidents.

**Regardless of the format you use, please insure that it includes the above noted information.**



**ACCIDENT/INCIDENT REPORT**  
(Attach additional pages if necessary to provide full report)

Facility/Program Name: \_\_\_\_\_  
Client Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date and Time of the Incident: \_\_\_\_\_  
Specific location of the incident: \_\_\_\_\_  
Describe time of last observation and resident condition: \_\_\_\_\_

Incident witnessed by staff \_\_\_\_\_ other clients \_\_\_\_\_ visitors \_\_\_\_\_  
Names of Witnesses: \_\_\_\_\_  
Describe the incident and injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe client and witness statements that assisted in determining the cause of the incident: \_\_\_\_\_

What caused the incident? If undetermined, summarize action to determine cause and investigative conclusions: \_\_\_\_\_  
\_\_\_\_\_

At the time of this report the investigation has not been concluded. Investigative results will be forwarded: \_\_\_\_\_ (Check if applicable.)

Physician: \_\_\_\_\_ Responsible Party: \_\_\_\_\_  
Was the physician notified? Date/Time \_\_\_\_\_ Orders: \_\_\_\_\_  
Responsible Party? Date/Time \_\_\_\_\_  
If the physician and/or responsible party were not notified, please explain why: \_\_\_\_\_

Describe treatment provided at the facility, physician's office, and/or hospital emergency room: \_\_\_\_\_  
\_\_\_\_\_

Was the client hospitalized?(circle) Yes No Where? \_\_\_\_\_  
Was the incident reported to other agencies with oversight of the facility/program, e.g., Law Enforcement, Ombudsman, ? No Yes  
Agency(ies): \_\_\_\_\_ By letter(s): \_\_\_\_\_ phone: \_\_\_\_\_  
fax(s): \_\_\_\_\_ Date/time: \_\_\_\_\_ Person(s)Contacted \_\_\_\_\_  
Describe preventive actions, if any, taken by the facility in response to the incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify the above information to be a true and accurate description of the incident.

\_\_\_\_\_  
Signature and title of person making report

\_\_\_\_\_  
Date

**R61-16, Standards for Licensing Hospitals and Institutional General Infirmaries, Section 206.2:**

A record of each accident and/or incident occurring in the facility, including medication errors and adverse drug reactions, shall be retained. Incidents resulting in death or serious injury, e.g., a broken limb, shall be reported, in writing, to the Division of Health Licensing within ten days of the occurrence.

**R61-17, Standards for Licensing Nursing Homes, Section B.(7) and R61-13, Standards for Licensing Habilitation Centers for the Mentally Retarded or Persons with Related Conditions, Section B.(7):**

- (a) A record of each accident and/or incident, involving residents, staff or visitors, occurring in the facility or on facility grounds shall be retained. Accidents/Incidents resulting in death or serious injury shall be reported in writing to the Division of Health Licensing within ten days of the occurrence.
- (b) Serious injuries shall be considered as, but not limited to fractures of major limbs or joints, severe burns, severe lacerations, severe hematomas, and suspected abuse.
- (c) All accidents/incidents shall be reviewed, investigated if necessary and evaluated in accord with facility policy.

**R61-84, Standards for Licensing Community Residential Care Facilities, Section 903, in part,:**

Incidents, accidents and/or sudden illness resulting in death, and serious injury or illness requiring hospitalization shall be reported, in writing to the Division of Health Licensing of the department within 10 days of the occurrence.

**R61-91, Standards for Licensing Ambulatory Surgical Facilities, Section 304. H.:**

The following essential documents and references shall be on file in the administrative office of the facility: . . .

- H. A record of each accident or incident occurring in the facility, including medications errors, and adverse drug reactions. Incidents resulting in serious injury or death shall be reported, in writing, to the licensing agency within 10 days of the occurrence.

**R61-103, Standards For Licensing Residential Treatment Facilities for Children and Adolescents, Section C.(4)(h):**

The following essential documents and references shall be on file in the administrative office of the facility:

- (h) a record of each accident or incident occurring in the facility, including medications errors and drug reactions. Incidents resulting in hospitalization or death shall be reported in writing to the Department within 10 days.

**R61-93, Standards for Licensing Outpatient facilities for Chemically Dependent or Addicted Persons, Section 302.C:**

The administrator shall take all reasonable precautions to assure that no client is exposed to, or instigates such behavior as might be physically or emotionally injurious to himself or to another person at the facility.

1. The facility shall have written plans outlining measures to be taken when any incident resulting in injury or death occurs at the facility.
2. Such incident shall be reported in writing to the S.C. Department of Health and Environmental Control within 5 days of the occurrence.

**R61-75, Standards for Licensing Day Care Facilities for Adults, Section F.(3)(d):**

(d) Incident and Accident reports: A record of each accident or incident occurring in the facility shall be prepared immediately. Accidents resulting in serious injury or death shall be reported, in writing, to the Department within 10 days of the occurrence.

**R61-97, Standards for Licensing Renal Dialysis Facilities, Section 310:**

A record of each accident or incident occurring in the facility, including medication errors and adverse drug reactions shall be prepared immediately. Accidents resulting in serious injury or death shall be reported, in writing, to the licensing agency within 10 days of the occurrence. Accidents and incidents that must be recorded include but are not limited to:

- A. Those leading to hospitalization;
- B. Those leading to death;
- C. Use of the wrong dialyzer on patient;
- D. Blood spills of more than 75ml.;
- E. Hemolytic transfusion reactions;
- F. Reactions to dialyzers.



2600 Bull Street  
Columbia, SC 29201-1708

October 27, 1998

## MEMORANDUM

**TO:** Administrators, Facilities/Activities Licensed by the Department

**FROM:** Jerry L. Paul, Director   
Health Licensing Section

**SUBJECT:** Conditions that will allow a Provider-Wide Partial Exception to the Requirements of Regulations 61-84 and 90, and Clarification of Requirements of Regulations 61-13, 16, 17, 75, 77, 78, 91, 93, 97, 102, and 103

Standards outlined in Regulation 61-84, Standards for Licensing Community Residential Care Facilities, Section 204.B; and Regulation 61-90, Standards for Licensing Chiropractic Facilities, Section 204, require that physical examinations for employees prior to employment be conducted by a physician. This standard has been routinely surveyed during licensing inspections for indications that the physicals have been accomplished and by a physician.

Standards outlined in Regulation 61-13, Standards for Licensing Habilitation Centers for the Mentally Retarded or Persons with Related Conditions, Section B(4)(b); Regulation 61-16, Standards for Licensing Hospitals and Institutional General Infirmaries, Section 204.B; Regulation 61-17, Standards for Licensing Nursing Homes, Section B(4)(b); Regulation 61-75, Standards for Licensing Day Care Facilities for Adults, Section C.5.g; Regulation 61-77, Standards for Licensing Home Health Agencies, Section 301.E; Regulation 61-78, Standards for Licensing Hospices, Section 301.B; Regulation 61-91, Minimum Standards for Licensing Ambulatory Surgical Facilities, Section 305; Regulation 61-93, Standards for Licensing Outpatient Facilities for Chemically Dependent or Addicted Persons, Section 204.B; Regulation 61-97, Standards for Licensing Renal Dialysis Facilities, Section 305; Regulation 61-102, Standards for Licensing Birthing Centers for Deliveries by Midwives, Section C.5.a; and Regulation 61-103, Standards for Licensing Residential Treatment Facilities for Children and Adolescents, Section C(5)(a), require that physical examinations for employees be conducted prior to employment. These standards, however, do not address who will conduct the physical.

In the interest of establishing reasonable standards which do not compromise the health, safety, and well-being of clients/participants/patients/residents receiving care/treatment in the above facilities/activities, it has been determined that an alternative standard will be allowed.

All facilities/activities referred to above must meet either the standards outlined in their respective licensing standards, **OR**, as an alternative:

In order to insure that a new employee is medically capable of performing his/her job duties, a health assessment, to include required tuberculin skin testing, shall be conducted prior to direct client/participant/patient/resident contact by one of the following:

- 1) Medical Doctor or Doctor of Osteopathy;
- 2) Physician's Assistant;
- 3) Nurse Practitioner;
- 4) Registered Nurse, pursuant to standing orders approved by a physician as evidenced by the physician's signature. The standing orders must be reviewed annually, with a copy maintained at the facility/activity.

This exception does not change any other standards not specifically addressed in this memorandum. The standards in the above-referenced sections of the appropriate regulations will be enforced during licensing inspections, as required either by the applicable regulation or this provider-wide exception. This exception applies to any of the above facilities/activities licensed by this Department, and relates solely to South Carolina licensing standards. Any adverse condition(s) that may be related to this exception may result in its revocation by the Department.

Should you have any questions, please call (803) 737-7370.

JLP:GM:

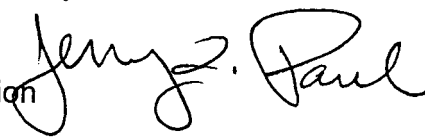
cc:	Alice Truluck, SCDHEC	SC Health Care Association
	Karen Price, Bureau of Certification	SC Home Care Association
	SC Adult Day Services Association	SC Hospital Association
	SC Assoc for Res Care Homes	Hospice for the Carolinas
	SC Board of Nursing	Renal Dialysis Advisory Council
	SCDAODAS	Residential Care Committee
	SC Freestanding Amb Surg Ctr Assoc	SCDDSN
	SCDMH	SCDSS



December 7, 1998

## MEMORANDUM

TO: Administrators of Nursing Homes, Day Care Facilities for Adults, Habilitation Centers for the Mentally Retarded or Persons with Related Conditions, and Community Residential Care Facilities

FROM: Jerry L. Paul, Director   
Health Licensing Section

SUBJECT: Conditions that will Allow a Provider-Wide Partial Exception to the Requirements of Regulations 61-13, 61-17, 61-75, and 61-84

Regulation 61-13, Standards for Licensing Habilitation Centers for the Mentally Retarded or Persons with Related Conditions Section N(6)(d)(2), and Regulation 61-17, Standards for Licensing Nursing Homes, Section K.(11)(d)(5), state that, "No live birds or animals shall be allowed in any food preparation, food storage or dining area." Similar requirements are located in Regulation 61-75, Standards for Licensing Day Care Facilities for Adults, Section G.6, which states "Management shall ensure that, if pets are kept in or outside the facility, only healthy animals are permitted, provided they are properly cared for, free of contagious disease or sickness, housed in clean facilities, and, if dogs or cats, have required rabies inoculations." In addition, in the community residential care facility (CRCF) setting under the authority of Regulation 61-84, Standards for Licensing Community Residential Care Facilities, Section 307 requires that, "Healthy animals which present no apparent threat to the health and safety of the residents shall be permitted provided they are properly housed, fed, and cared for, and provided they have the required inoculations."

It has been determined that an alternative standard to the "no birds or animals will be allowed in the dining area" requirement as found in Regulations 61-13 and 61-17 will be acceptable. Habilitation centers for the mentally retarded or persons with related conditions and nursing homes shall meet either the standards outlined in Regulation 61-13, Section N(6)(d)(2), and Regulation 61-17, Section K(11)(d)(5), respectively, or as an alternative:

Pets will be permitted in resident dining/activities areas only under the following conditions:

1. Pets will be allowed in these areas only during times when food is not being served.
2. If the dining/activities area is adjacent to a food preparation or storage area those areas must be effectively separated by walls and closed doors while pets are present.
3. All other requirements related to pets (e.g., pets shall be inoculated or vaccinated as required) must be followed.

In addition, day care facilities for adults and CRCF's may also allow pets in the participant/resident dining area if the standards in Regulation 61-75, Section G.6, and Regulation 61-84, Section 307, and the above conditions are met.

The standards in the regulations indicated above will be enforced during inspections, as required, either by the appropriate regulation or this provider-wide exception. This exception applies only to those types of facilities named above and relates solely to South Carolina licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions, please call Dennis Gibbs at (803) 737-7370.

JLP:DLG:dg

cc: Douglas E. Bryant, Commissioner  
Alice Truluck,  
Karen Price, Certification Branch  
Robert F. Bowles, SCNHA  
Paul Jeter, SCADSA

Bill Trawick, SCANPHA  
J. Randall Lee, SCHCA  
Vicki Rinere, SCDMH  
Christy Buchanan, SCARCH  
Brad Beasley, SCDDSN



December 7, 1998

**MEMORANDUM**

**TO:** Administrators of Hospitals, Nursing Homes, Chiropractic Facilities, Community Residential Care Facilities, Intermediate Care Facilities for the Mentally Retarded, Residential Treatment Facilities for Children and Adolescents, Ambulatory Surgical Facilities, Day Care Facilities for Adults, Outpatient Facilities for Chemically Dependent or Addicted Persons, and Renal Dialysis Facilities

**FROM:** Jerry L. Paul, Director  
Health Licensing Section

**SUBJECT:** Notification of Temporary Facility Closure and Zero Census

If a facility temporarily closes for any reason, e.g., major painting of the facility interior, storm damage, etc., the Department must be given written notice within a reasonable time in advance of closure. This notification must at least include the reason for the temporary closure, where the residents/patients/clients/participants have been/will be transferred, the manner in which the records are being stored, and the anticipated date for re-opening. This office will consider, upon appropriate review of the situation, the necessity to inspect the facility prior to its re-opening, as authorized by the regulation governing the licensing and inspection of the facility.

In addition, in instances when there have been no residents/patients/clients/participants in a facility for a period of 90 days or more for any reason, e.g., unable to secure new admissions, experiencing financial difficulties, etc., the facility must notify the Department in writing that there have been no admission, no later than the 100<sup>th</sup> calendar day following the date of departure of the last active resident/patient/client/participant. At the time of that notification, this office will consider, upon appropriate review of the situation, the necessity to inspect the facility prior to any new and/or re-admissions to the facility, as authorized by the regulation governing the licensing and inspection of the facility.

The above-referenced notices shall be sent to the Health Licensing Section, DHEC, 2600 Bull St. Columbia, SC 29201. A notice may be faxed to 803-737-7212. If there are questions, please call 803-737-7370.

JLP/JML/gm

cc: Certification Branch  
Office of Fire and Life Safety  
Office of Certification of Need



# D H E C




2600 Bull Street  
Columbia, SC 29201-1708

September 21, 2000

## MEMORANDUM

**TO:** Administrators, Day Care Facilities for Adults

**FROM:** Jerry L. Paul, Director  
Division of Health Licensing 

**SUBJECT:** Provider-Wide Exception – Emergency/Sick Beds

Section D.1.f of Regulation 61-75, Standards for Licensing Day Care Facilities for Adults, requires that "A bed with springs, a mattress and pillow shall be provided for emergency or sick participants at the ratio of one bed per 10 licensed participants or fraction thereof. Private room(s), cubicle curtains, portable partitions, or other means to insure privacy of participants when utilizing the bed(s), shall be provided."

As evidenced by information obtained from providers, emergency or sick beds are typically used infrequently. In the interest of establishing reasonable standards that can be met by providers and yet do not compromise the health and well-being of the participants cared for in day care facilities for adults, it has been determined that alternative standards will be considered as acceptable.

All day care facilities for adults will be required to meet the standard outlined in the licensing standards, i.e., R61-75, Section D.1.f that requires an emergency/sick bed ratio to be one bed per 10 licensed participants or fraction thereof, or, as an alternative:

The emergency/sick bed ratio shall be one bed per 20 licensed participants or fraction thereof provided the emergency/sick beds that are required in the facility be set up, ready for use (not made-up roll-away beds in storage).

This exception applies to any day care facility for adults licensed by the Department. It relates solely to SC licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions regarding the above, please call George Moore at (803) 737-7232.

JLP/jml

cc: Alice Truluck, Customer Service Liaison  
Karen Price, Bureau of Certification  
SC Adult Day Health Services Association

<PWE.emergbeds>

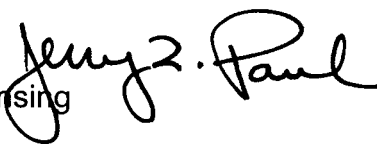


2600 Bull Street  
Columbia, SC 29201-1708

April 18, 2002

MEMORANDUM

TO: Administrators of Day Care Facilities for Adults

FROM: Jerry L. Paul, Director  
Division of Health Licensing 

SUBJECT: Conditions Allowing a Provider-wide Exception to the Requirements of Regulation 61-75, Standards for Licensing Day Care Facilities for Adults, Section H(9)(d)

The section in the regulations mentioned above for day care facilities for adults requires that "Hot water temperature in toilet room lavatories shall be maintained between 100 – 110 degrees Fahrenheit."

It has been determined that the hot water temperature level as currently required, may be excessively restrictive. In the interest of establishing reasonable standards which can be met by providers and yet do not compromise the health, safety, and well-being of patients cared for in the above facilities, it has been determined that alternative standards will be considered as acceptable.

All adult day care facilities for adults will be required to meet the standard outlined in the licensing standard, i.e., R61-75, Section H(9)(d), or, as an alternative:

Hot water supplied to the lavatories shall be supplied at a temperature not less than 100 degrees F. and not greater than 120 degrees F.

This exception applies to any day care facility for adults licensed by the Department. It relates solely to SC licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

It is also recommended that the water in showers and baths that may be provided by the day care facility for adults be supplied to these areas at a temperature between 100 – 120 degrees Fahrenheit.

Page 2

PWE – Hot Water Temperature for Lavatories

April 18, 2002

If there are any questions, you may call George Moore at (803) 545-4232.

JPL/jml

cc: Alice Truluck  
Karen Price  
George Moore  
Gloria Bowden, SC Adult Day Services Association  
Darvie Dogle. SCDHHS



2600 Bull Street  
Columbia, SC 29201-1708

MF

August 13, 2003

**MEMORANDUM**

**TO:** Administrators, Day Care Facilities for Adults

**FROM:** Dennis Gibbs, Director  
Division of Health Licensing

**SUBJECT:** Provider-Wide Exception – American Red Cross First Aid Training

Section C.5.d. of Regulation 61-75, Standards for Licensing Day Care Facilities for Adults, requires that "At least one staff member who is certified with American Red Cross first-aid training and CPR (or American Heart Association CPR) and capable of recognizing symptoms of distress shall be present when participants are in the facility."

The scope and content of the first-aid training offered by the American Heart Association is equivalent to the American Red Cross first-aid training. In the interest of establishing reasonable standards that can be met by providers and yet do not compromise the health and well-being of the residents cared for in day care facilities for adults, it has been determined that alternative standards will be considered as acceptable.

All day care facilities for adults will be required to meet the standard outlined in the licensing standards, i.e., R61-75, Section C.5.d. that requires at least one staff member who is certified with American Red Cross first-aid training, or, as an alternative:

At least one staff member who is certified with American Red Cross first-aid training or American Heart Association first-aid training, and CPR (or American Heart Association CPR) and capable of recognizing symptoms of distress shall be present when participants are in the facility.

This exception applies to any day care facility for adults licensed by the Department. It relates solely to SC licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions regarding the above, please call Rob Lawyer at (803) 545-4234.

DLG/REL

cc: Alice Truluck, Customer Service Liaison  
South Carolina Adult Day Services Association  
George Moore  
Robert Lawyer, RN

## REG 61-75. STANDARDS FOR LICENSING DAY CARE FACILITIES FOR ADULTS

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**DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
CHAPTER 61**

Statutory Authority: 1976 Code, Section 44-7-260

**Regulation 61-75. Standards for Licensing Day Care Facilities for Adults**

**A. DEFINITIONS AND INTERPRETATIONS.**

**1. Definitions:** For the purpose of these regulations, the following definitions shall apply:

a. **Adult Day Care Services:** Activities and therapies offered in a day care facility for adults through an individualized plan of care which sets forth measurable goals or behaviorally stated objectives, with such services being designed to activate, motivate, and retrain impaired or other categories of adults to enable them to sustain or regain functional independence.

b. **Board:** The South Carolina Board of Health and Environmental Control.

c. **Day Care Facility for Adults:** A facility, for adults 18 years of age or older, which offers in a group setting a program of individual and group activities and therapies. The program is directed toward providing community-based day care services for those adults in need of a supportive setting, thereby preventing unnecessary institutionalization. The program shall provide a minimum of four and a maximum of 14 hours of operation a day.

d. **Department:** The South Carolina Department of Health and Environmental Control.

e. **Dietitian:** A person who is registered by or meets the requirements of the American Dietetic Association and has at least one year of experience in clinical nutrition.

f. **Direct Care Staff:** Individuals responsible for the provision of care and supervision of the participants.

g. **Existing Facility:** A structure which is in operation and/or one in which the construction or renovation began prior to the adoption of these standards.

h. **Fire Safety Authority:** The State Fire Marshal, or his designee, who performs facility fire and safety inspections.

i. **Licensee:** The person on whom rests the ultimate responsibility and authority for the conduct of the day care facility for adults.

j. **Licensing Agency:** The Department of Health and Environmental Control.

k. New Facility: A structure which is purchased, constructed or remodeled for the purpose of operating a day care facility for adults, after the effective date of these regulations.

l. Participant: An adult, 18 years and above, who is receiving service in a day care facility for adults.

m. Person: An individual, a trust or estate, a partnership, a corporation including an association, joint stock company, a state, a political subdivision, or an instrumentality including a municipal corporation of a state, or any legal entity recognized by the State.

n. Sponsor: A family member, guardian, agency, or other person who acts on behalf of the participant.

## **2. Interpretations.**

a. License: It shall be unlawful to operate a day care facility for adults within South Carolina without possessing a valid license issued annually by the Department.

b. Issuance of License: A license is issued pursuant to the provisions of Section 44-7-260(A) **[See Note]** of the South Carolina Code of Laws of 1976, as amended, and the standards promulgated thereunder, and shall be posted in a conspicuous place in a public area within the facility. The issuance of a license does not guarantee adequacy of individual care, treatment, personal safety, fire safety or the well-being of any occupant of a facility. A license is not assignable or transferable and is subject to revocation by the Department for failure to comply with the laws and regulations of the State of South Carolina.

***[Note: This reference, as printed in the State Register, is incorrect. The correct reference is 44-7-260(A)(9)]***

c. Effective Date and Term of License: A license shall be effective for a 12-month period following the date of issue and shall expire one year following such date; however, a facility which has not been inspected during that year may continue to operate under its existing license until an inspection has been made.

d. Separate Licenses: Separate licenses are required for facilities not maintained on the same premises. A single license or separate licenses may be issued for facilities maintained in separate buildings on the same premises.

e. Licensing Fees: The annual license fee shall be \$3 for each licensed participant. Such fee shall be made payable to the Department of Health and Environmental Control for deposit into the State Treasury. Fees are not refundable.

f. Day care facilities for adults shall not serve participants whose needs exceed resources outlined in these regulations. (II)



g. Number of Participants: No facility at any given time on a daily basis shall enroll or care for more participants than approved and so stated on the face of the license. (II)

h. Rights of Participants: A Statement of Rights of Adult Day Care Participants is in paragraph N of this regulation and shall be posted in a conspicuous place in the facility.

i. Inspections: Each facility shall be inspected prior to initial licensure and at least annually by authorized representatives of the Department.

(1) All licensed and prospective licensed facilities are subject to inspection at any time.

(2) All facilities to which these requirements apply shall permit entrance to all properties and access to every area, object, records and reports by representatives of the Department. (II)

j. Initial License: A new facility, or one that has not been continuously licensed under these or prior standards, shall not provide care to participants until it has been issued an initial license. Paragraphs L and M set forth the prerequisites for initial license.

k. Noncompliance: When a noncompliance with the licensing standards exists, the applicant or licensee shall be notified by the Department of the violations and required to provide information as to how and when such an item will be corrected.

l. Exceptions to Licensing Standards: The Department may make exceptions to these standards where it is determined that the health and welfare of the community require the services of the facility and that the exception, as granted, will have no significant impact on the safety, security or welfare of the facility's participants.

m. Change of License: A facility shall request issuance of an amended license by application to the Department prior to any of the following circumstances:

(1) Change of ownership by purchase or lease;

(2) Change of facility's name or address;

(3) Change in licensed number of participants.

**3. Penalties.** Facilities shall be subject to a penalty for violating licensing regulations. When the Department determines that a facility is in violation of any statutory provision, rule or regulation relating to the operation or maintenance of such facility, the following conditions shall apply:

a. Class I violations are those which the Department determines to present an imminent danger to the health and welfare of the participants of the facility or a substantial probability that death or serious physical harm could result therefrom. A physical condition, one or more practices, means, methods or operations in use in a facility may constitute such a violation. The condition or practice constituting a Class I violation shall be abated or eliminated immediately unless a fixed period of time, as stipulated by the Department, is required for correction. Each day such violation shall exist after expiration of said time shall be considered a subsequent violation.

b. Class II violations are those, other than Class I violations, which the Department determines to have a direct or immediate relationship to the health, safety or security of the facility's participants. The citation of a Class II violation shall specify the time within which the violation is required to be corrected. Each day such violation shall exist after expiration of said time shall be considered a subsequent violation.

c. Class III violations are those which are not classified as serious in these regulations or those which are against the best practices as interpreted by the Department. The citation of a Class III violation shall specify the time within which the violation is required to be corrected. Each day such violation shall exist after expiration of said time shall be considered a subsequent violation.

d. Class I and II violations are indicated by notation after each applicable section, i.e., (I) or (II). Violations of sections which are not annotated in that manner denote Class III violations.

e. The Department shall exercise discretion in arriving at its decision to penalize a facility. The Department will consider the following factors: specific conditions and their impact or potential impact on health, safety or welfare; efforts by the facility to correct; overall conditions; history of compliance; any other pertinent conditions.

f. When a decision is made to assess monetary penalties, the following schedule will be used as a guide to determine the dollar amount:

**Frequency of  
violation of  
standard with-  
in a 24-month  
period:**

**MONETARY PENALTY RANGES**

<b>FREQUENCY</b>	<b>CLASS I</b>	<b>CLASS II</b>	<b>CLASS III</b>
1st	\$ 200 - 1000	\$ 100 - 500	\$ 0
2nd	500 - 2000	200 - 1000	100 - 500
3rd	1000 - 5000	500 - 2000	200 - 1000

4th	5000	1000 - 5000	500 - 2000
5th	5000	5000	1000 - 5000
6th	5000	5000	5000

4. Hearings and Appeals. Any facility which is dissatisfied with Department decisions may request a hearing pursuant to the Administrative Procedures Act.

## **B. LICENSING PROCEDURES.**

**1. Application:** Applicants for a license shall file applications under oath annually with the Department upon forms provided by the Department, and shall pay an annual license fee.

### **2. Requirements for Issuance of License:**

a. Upon receipt of an application for a license, a representative of the Department shall make an inspection of that facility.

b. When it is determined that the facility is in compliance with the requirements of these standards, and a properly completed application and licensing fee have been received by the Department, a license shall be issued.

c. No proposed facility shall be named nor may any facility have its name changed to the same or similar name as a facility licensed in the State. If it is part of a "chain operation" it shall then have the area in which it is located as part of its name.

## **C. GOVERNING AUTHORITY AND MANAGEMENT.**

**1. General:** Every facility shall be organized, equipped, staffed and administered to provide adequate care for each person admitted.

### **2. Governing Authority:**

a. The licensee is responsible for the operation of the facility.

b. Policies and procedures for operation of the facility shall be formulated by the governing authority. They shall include but not be limited to:

- (1) Purpose of the facility, to include scope and quality of services;
- (2) Criteria for enrollment;
- (3) Organizational structure defining lines of authority;

(4) Fees charged;

(5) Ensuring the compliance with all relevant federal, state, and local laws which govern operations of the facility;

(6) Rights and responsibilities of participants.

### **3. Administrator:**

a. A full-time administrator shall be selected by the governing authority or owner and shall have the authority to manage and administer the facility. Any change in the position of the administrator shall be reported immediately by the governing authority to the Department in writing. An individual shall be appointed in writing to act in the absence of the administrator.

b. An administrator shall have a bachelor's degree, or at least two years of college or technical school with at least an additional four years experience in the field of nursing, social service, sociology, psychology or in an area closely related to health and social development for the aging. (II)

**4. Administrative Records:** The following essential documents and references shall be on file in the administrative office of the facility:

a. Appropriate documents showing control and ownership;

b. Policies and procedures of the governing authority which shall be reviewed annually by the administrator; (II)

c. A record of annual inspection by the fire safety authority having jurisdiction, to verify that all applicable fire safety requirements have been met; (I)

d. A record of programs and activities;

e. A complete record of daily attendance of participants and staff for the previous six months;

f. The daily menu served for the previous six months with substitute food items noted;

g. A current copy of these regulations;

h. Reports of inspections reviews, and corrective actions taken related to licensure for the previous three years;

i. Contracts and agreements to which the facility is a party;

j. Annual elevator safety inspections, if applicable; (II)

k. Annual heating, ventilation, and air conditioning inspection report.

**5. Personnel:** Each facility shall have a staff which is capable of providing program services and supervision to the participants. The minimum staff/participant ratio shall be one direct care staff member to eight participants. Volunteers and interns may be used to augment the staff. (II)

a. The licensee shall obtain written applications for employment from all employees. Such applications shall contain accurate information as to education, training, experience, health and personal background of each employee.

b. Within three months prior to employment, all new employees, and volunteers who have 10 or more hours per week contact with participants, shall have a tuberculin skin test, unless a previously positive reaction can be documented. The two-step procedure is advisable for initial testing in those who are 55 years of age and older in order to establish a reliable baseline. The intradermal (Mantoux) method, using five tuberculin units of stabilized purified protein derivative (PPD) is to be used. Employees and volunteers with tuberculin test reactions of 10mm or more of induration should be referred for appropriate evaluation.

(1) Employees and volunteers with reactions of 10mm and over to the pre-employment tuberculin test, those who are documented with previously positive reactions, those with newly converted skin tests and those with symptoms suggestive of tuberculosis (e.g., cough, weight loss, night sweats, fever, etc.), shall be given a chest radiograph to determine whether tuberculosis disease is present. If tuberculosis is diagnosed, appropriate treatment should be given and contacts examined.

(2) There is no need to do initial or routine chest radiographs on employees or volunteers with negative tuberculin tests who are asymptomatic.

(3) Employees with negative tuberculin skin tests shall have an annual tuberculin skin test and, depending upon the test results, shall be followed as described in this section.

(4) New employees or volunteers who have a history of tuberculosis disease shall be required to have their records reviewed by a licensed physician to determine if they are non-contagious.

(5) Preventive treatment of personnel with new positive reactions without disease should be considered for all infected employees and volunteers who have participant contact, unless specifically contra-indicated. Routine annual chest radiographs of persons with positive reactions do little to prevent tuberculosis and therefore are not a substitute for preventive treatment.

(a) Employees who complete treatment, either for disease or infection, may be exempt from further routine chest radiographic screening unless they have symptoms of tuberculosis.

(b) Personnel with positive reactions who are unable or unwilling to take preventive treatment need not receive an annual chest radiograph. These individuals must be informed of their lifelong risk of developing and transmitting tuberculosis to individuals in the facility and in the community. They shall be informed of symptoms which suggest the onset of tuberculosis, and the procedure to follow should such symptoms develop.

(6) Post exposure skin tests should be provided for tuberculin negative employees within 12 weeks after termination of contact for any suspected exposure to a documented case of tuberculosis. (II)

c. No employee of the facility, while afflicted with any boils, infected wounds, sores, or an acute respiratory infection shall work in any capacity in which there is a likelihood of such person transmitting disease to other individuals. (II)

d. At least one staff member who is certified with American Red Cross first-aid training and CPR (or American Heart Association CPR) and capable of recognizing symptoms of distress shall be present when participants are in the facility. If the staff member is a licensed nurse, first-aid training will not be required. (I)

e. Each facility shall have and execute a written orientation program to familiarize each new staff member with the facility and its policies and procedures, to include, as a minimum, fire safety measures and infection control.

f. Inservice training programs shall be planned and provided for all employees to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individuals attending.

g. A personnel record folder shall be maintained for each employee and for each direct care and food service volunteer. The folder shall contain a current job description that reflects the employee's responsibilities and work assignments, and documentation which indicates that job orientation, in-service education, annual performance evaluations (except for volunteers), pre-employment physical and annual TB skin tests were performed.

**6. Client-Patient Protection Act:** The notice required by Section 7 of the Client-Patient Protection Act of May 9, 1979, shall be prominently displayed in a location which can be easily seen by participants and family members.

#### **D. CARE OF PARTICIPANTS.**

**1. Activities and Programs:** Activities and therapies shall be offered through individualized plans of care which set forth measurable goals or behaviorally-stated objectives. These programs and activities shall be designed to activate, motivate, and/or retrain participants to enable them to sustain or regain functional independence. Group and individual type services shall be provided.

a. A planned, well-balanced program of activities and services shall be provided at each facility.

b. Each facility shall provide supervision and personal care training in order to assist the participant in developing self-help skills.

c. Each facility shall make available social, group, individual, educational, recreational, and other activities as follows:

- (1) Opportunities for arts and crafts;
- (2) Daily exercise by the participant;
- (3) Development of hobbies;
- (4) Assistance with community and personal referral activities;
- (5) Reading of magazines and books, television viewing, and listening to the radio;
- (6) Excursions or outings to points of interest;
- (7) Planned indoor and outdoor recreation.

d. A schedule of the program(s) shall be posted at all times.

e. Rest periods shall be provided when needed or as prescribed by a physician.

f. A bed with springs, a mattress and pillow shall be provided for emergency or sick participants at the ratio of one bed per 10 licensed participants or fraction thereof. Private room(s), cubicle curtains, portable partitions, or other means to insure privacy of participants when utilizing the bed(s), shall be provided. (II)

g. At least one chair with arms per participant, including one recliner or comfortable lounge chair per four participants, for resting or other leisure activities, shall be provided. (II)

h. Sufficient table space for dining and crafts shall be provided.

**2. Medical Needs:** A physical examination is required within 60 days prior to the enrollment of any participant. The physician's report shall include recommendations regarding limitations of activities, special diet, medications (name, type, dosage and whether the individual is capable of self-administering), and other considerations to determine whether appropriate services are available. Dietary and other health needs must be provided. The physical and mental condition of a participant must not confine him/her to a bed. (II)

a. Subsequent physical examinations or periodic health screening to determine a participant's ability to continue in the program is required at least every two years.

b. All medications to be administered by the staff to participants shall be labeled and stored in a locked cabinet or container otherwise inaccessible to participants. Narcotics shall be secured by double-locking.

c. A standard first-aid kit or equivalent first-aid supplies shall be on hand and readily accessible to include, but not limited to, the following:

- (1) Adhesive compresses;
- (2) Bandage compresses;
- (3) Plain gauze pads;
- (4) Absorbent gauze;
- (5) Triangular bandage;
- (6) Tourniquet;
- (7) Scissors and tweezers.

d. There shall be written agreements for medical emergency care with at least one licensed physician, and one or more local hospitals with emergency room care.

**3. Participant Records:** A file shall be maintained for each participant. Each file shall contain, but not be limited to, the following information: (II)

a. A personal data sheet to include: full name, address, phone number, social security number, any distinguishing physical marks, color of hair and eyes, race, religious preference, next of kin or sponsor, marital status, name of spouse, and any other appropriate information;

b. Pre-enrollment physician's examination (within 60 days prior to enrollment) and subsequent health screenings;



c. A listing (to include telephone numbers) of the participant's personal physician(s) and next of kin, legal guardian or sponsor to be contacted in case of emergency or illness;

d. A complete record which sets forth an individual plan of care and activities; this care plan shall be completed within 30 days of enrollment and shall include, but not be limited to:

(1) Initial assessment of the participant's physical condition, capabilities, and needs;

(2) Objectives;

(3) Progress notes at least quarterly (A progress note is an entry made by a direct care staff member in reference to the progress of a participant relative to the achievement of goals as indicated in the care plan. Any appropriate routine entry made on a more frequent basis will satisfy this requirement.);

(4) Review at least semi-annually;

e. Signed agreement between the facility and participant or sponsor stating the amount of fees for listed services;

f. A record of incidents, accidents, emergencies and illnesses which occur while the participant is receiving day care services.

g. Written acknowledgement of the Statement of Rights of Adult Day Care Participants (see Paragraph N) signed by the participant.

## **E. FOOD SERVICE. (II)**

### **1. Special Diets:**

All facilities shall provide dietary services to meet the daily dietary needs of participants in accordance with written dietary policies and procedures.

a. Facilities with participants in need of special or therapeutic diets shall employ or contract with (either directly or through a caterer) a dietitian or qualified food service supervisor to provide appropriate consultations for such diets. A qualified food service supervisor is a person who:

(1) Is a graduate of a dietetic technician or dietetic assistant training program, (correspondence or classroom), approved by the American Dietetic Association; or

(2) Is a graduate of a State-approved course that provided 90 or more hours of classroom instruction in food service supervision, and has experience as a supervisor in a health care institution with consultation from a dietitian; or

(3) Has training and experience in food service supervision and management in a military service equivalent in content to the programs in paragraphs (1) or (2) above.

b. Special diets shall be prescribed, dated and signed by the physician.

**2. Number of Meals:** At least one meal shall be provided for participants who receive adult day care services for four hours or more per day, unless otherwise directed by a physician in writing. At least two meals shall be provided for each participant receiving care for 10 or more hours per day, unless otherwise directed by a physician.

**3. Meal Requirements:** Each meal shall provide at least one-third of the U.S.D.A. recommended dietary requirement and other standards established by the Department. Facilities must post weekly menus where they may be observed by participants. Snacks are permitted but not in lieu of full meals.

**4. Approval:** If the facility prepares food for the participants, the kitchen and/or other food preparation centers must be inspected and approved by the Department pursuant to Regulation 61-25, Food Service Establishments.

**5. Catering Services:**

a. When meals are served in a facility not equipped with a kitchen approved for the preparation of food, such meals shall be obtained from a food service establishment approved by the Department.

b. The requirements for storage, display, and general protection against contamination as contained in this regulation shall apply to the transportation of all food from a food service establishment to another location for service. All potentially hazardous food shall be kept at 45 degrees Fahrenheit or below, or 140 degrees Fahrenheit or above during transportation. During the transportation of the food from a food service establishment, all food shall be in covered containers or completely wrapped or packaged so as to be protected from contamination.

**6. Food Storage:**

a. Refrigeration units and insulated facilities shall be provided as needed to assure the maintenance of all food at 45 degrees Fahrenheit or below except during preparation and service. Thermometers shall be placed in all cooling units to insure proper maintenance of temperatures. All food stored in the refrigerator shall be covered, labeled and dated.

b. Containers of food shall be stored above the floor, on clean surfaces, in such a manner as to be protected from splash and other contamination. The use of home canned foods is not allowed.

c. Food not subject to washing or cooking before serving shall be stored in such a manner as to be protected against contamination from food requiring washing or cooking.

d. Food and medicines shall not be stored together.

## **7. Food Handling:**

a. Utensils, such as forks, knives, tongs, spoons, scoops, shall be provided and used to minimize handling of food at all points where food is prepared.

b. At least one lavatory equipped with hot and cold water under pressure, mixing faucets, sanitary soap dispenser, and towel dispenser or electric hand dryer shall be provided in the food preparation areas.

c. Individual portions of food, once served, shall not be served again.

d. All raw fruits and vegetables shall be washed thoroughly to remove poisonous and toxic material before being placed in refrigerators, cooked or served.

e. All cleaning supplies, detergents and other potentially poisonous items shall be stored away from food items.

## **8. Food Preparation:**

a. All food shall be prepared and served to prevent transmission of diseases and harmful substances which may be hazardous to the health of the participants and the employees of the facility.

b. Stuffings, poultry and stuffed meats shall be heated throughout to a minimum temperature of 165 degrees Fahrenheit with no interruption of the initial cooking process.

c. Pork and pork products which have not been specially treated to destroy trichinae shall be thoroughly cooked to heat all parts of the meat to at least 150 degrees Fahrenheit.

d. Potentially hazardous food such as meat salads, potato salad and cream-filled pastries shall be prepared from chilled products with a minimum of handling, and on surfaces and with utensils which are clean and have been sanitized prior to use.

e. Custards, cream fillings or similar products which are prepared by hot or cold processes shall be kept at safe temperatures except during necessary periods of preparation and serving.

**9. Milk Products:** Only Grade A pasteurized fluid or dry milk products shall be used or served. Dry milk shall be reconstituted according to manufacturer's directions.

**10. Cleaning and Storage of Utensils and Equipment:**

a. After each usage, all tableware shall be thoroughly cleaned to sight and touch.

b. After each usage, all kitchenware and food contact surfaces of equipment (exclusive of cooking surfaces) used in the preparation, serving and storage of food, shall be thoroughly cleaned to sight and touch. The cooking surfaces of cooking devices shall be cleaned as often as necessary and shall be free of encrusted grease deposits and other soil.

c. Non-food contact surfaces of all equipment, including tables, counters, shelves and drawers, shall be cleaned at such frequency as is necessary to be free of accumulations of dust, dirt, food particles and other debris.

d. Prior to washing, all equipment and utensils shall be pre-flushed or pre-scraped and, when necessary, pre-soaked to remove gross food particles and soil.

e. When manual dishwashing is employed, equipment and utensils shall be thoroughly washed in a detergent solution and then shall be rinsed free of such solution. Utensils shall be sanitized by immersion for a period of at least one minute in one of the following sanitizing solutions:

(1) At least 50 parts per million (ppm) of available chlorine at a temperature not less than 75 degrees Fahrenheit; or

(2) At least 12.5 ppm of available iodine in a solution having a pH not higher than 5.0 and a temperature of not less than 75 degrees Fahrenheit; or

(3) Any other chemical-sanitizing agent which has been demonstrated to the satisfaction of the Department to be effective and nontoxic under use conditions, and for which a suitable field test is available. Such sanitizing agents, in solutions, shall provide the equivalent bactericidal effect of a solution containing at least 50 ppm of available chlorine at a temperature not less than 75 degrees Fahrenheit.

f. Effective concentrations of a suitable detergent shall be used in both manual and mechanical dishwashing.

g. When a facility is newly-constructed or extensively remodeled or, when an existing structure is converted for use, an approved three-compartment sink of

adequate length, width and depth to completely immerse all tableware for final sanitization shall be provided. A two-compartment sink may be approved in facilities operating prior to the effective date of these regulations, provided that a container shall be furnished of adequate length, width and depth to completely immerse all tableware for final sanitization.

h. Dish tables or drainboards of adequate size for proper handling of soiled utensils prior to washing and for cleaned utensils following rinsing or sanitizing shall be provided.

i. If a dishwashing machine is used, it shall meet the standards for sanitization required by the Department. Domestic (home-type) dishwashing machines shall be equipped with a self-contained water heating element or otherwise be provided an inlet water temperature of 160 degrees Fahrenheit.

j. If a mechanical dishwasher is planned for a new facility or when replacement of a domestic type machine in an existing facility becomes necessary, an approved National Sanitation Foundation model shall be installed.

k. Food contact surfaces of cleaned and sanitized equipment and utensils shall be handled in a manner so as to be protected from contamination.

l. Cleaned and sanitized utensils shall be stored above the floor in a clean, dry location. Utensils being stored shall be in self-draining positions.

m. Facilities which do not have adequate and effective provisions for cleaning and sanitizing utensils shall use disposable, single-service utensils which shall be used only once. Single-service utensils shall be stored in closed cartons or containers which protect them from contamination.

## **F. FUNCTIONAL SAFETY.**

### **1. General:**

a. The governing authority shall develop written policies and procedures designed to enhance safety within the facility and on its grounds and to minimize hazards to participants, employees and visitors.

b. The policies and procedures shall include but not be limited to: (II)

(1) Safety rules and practices pertaining to personnel, equipment, gases, liquids, drugs, supplies and services;

(2) Provisions for disseminating safety-related information to employees and users of the facility.

**2. Maintenance:** A facility's structure, its component parts, and all equipment such as elevators, furnaces and emergency lights, shall be kept in good repair and operating condition. Areas used by participants shall be maintained in good repair and kept free of hazards, to include obstructions which may block exits in case of emergency. Walls and ceilings shall be in a state of good repair and kept clean. No lead-based paint shall be used. Walls in food preparation, utensil washing, and toilet areas shall be non-absorbent washable surfaces to the highest level of splash. All wooden surfaces shall be painted with non-lead-based paint, lacquer, varnish, or shellac which will allow sanitizing. Windows, doors and other similar openings shall be protected against insects or otherwise remain closed. (II)

### **3. Emergency/Disaster Preparedness:**

a. General: The facility shall have a written emergency plan and have a posted plan for evacuation of participants, staff, and visitors in case of fire or other emergency. (I)

b. Fire Drills: At least one fire drill shall be held every three months to familiarize all employees with fire safety procedures. Records of the drills and attendees shall be maintained. Upon identification of procedural problems with regard to the drills, records shall show what corrective action has been taken. (I)

c. If emergency number "911" is not available, telephone numbers of the following shall be posted by the telephone(s): (I)

- (1) Ambulance Service;
- (2) Police Department;
- (3) Fire Department;
- (4) Poison Control Center;
- (5) The physician designated for emergencies;
- (6) Local emergency room or hospital.

**NOTE:** Emergency numbers to notify family and/or physician of participants and staff members must be kept in record folders if not posted.

d. Incident and Accident Reports: A record of each accident or incident occurring in the facility shall be prepared immediately. Accidents resulting in serious injury or death shall be reported, in writing, to the Department within 10 days of the occurrence.

## **G. INFECTION CONTROL AND SANITATION.**

**1. General:** The governing authority shall provide adequate space, equipment, and staff in the facility to assure protection of all participants and staff against cross-infection. (II)

**2. Linen and Laundry:** (II)

a. An adequate supply of clean linen or disposable materials shall be maintained for the sick bed(s). Each bed shall be made up with at least one clean linen change (bottom and top sheets and pillowcase) and a bedspread or coverlet.

b. Clean mattress covers, in addition to linen, shall be provided.

c. A sufficient supply of disposable towels shall be available at handwashing sinks so that a fresh towel can be used after each handwashing or electric hand dryers may be used.

**3. Housekeeping:** (II)

a. General: A facility shall be kept neat, clean and free from odors. Accumulated waste material must be removed daily or more often if necessary. There must be frequent cleaning of floors, walls, ceilings, woodwork, and windows. The premises must be kept free from rodent and insect infestation. Pesticide spraying shall be conducted when participants are not present. Bath and toilet facilities must be maintained in a clean and sanitary condition at all times.

b. Cleaning materials and supplies shall be stored in a safe manner. All harmful agents shall be locked in a closet or cabinet used for this purpose only.

c. Dry sweeping and dusting of walls and floors are prohibited while participants are in the area being cleaned.

d. Floors shall have a smooth, washable surface and shall be kept clean, in good repair, and free from hazards. If carpeting is used, it shall be cleaned regularly and maintained in good repair.

**4. Sanitation:** (II)

a. All garbage and waste shall be collected, stored and disposed of in a manner designed to prevent the transmission of disease. Containers shall be washed and sanitized before being returned to work areas. Disposable type containers shall not be reused.

b. Containers for garbage and refuse shall be covered and stored outside in durable, rust-resistant, non-absorbent, watertight, rodent-proof, easily cleanable containers placed on an approved platform to prevent overturning by animals, the

entrance of flies, or the creation of a nuisance. All solid waste shall be disposed of at sufficient frequencies in a manner so as not to create a rodent, insect or other vermin problem.

c. Containers for garbage shall be cleaned as necessary.

d. All sewage and liquid waste shall be disposed of in a manner not to create a public health hazard and by a sanitary method approved by the Department.

## **5. Outside Areas: (II)**

All outside areas, grounds and/or adjacent buildings shall be kept free of rubbish, grass, and weeds that may serve as a fire hazard or as a haven for roaches, rodents and other pests. Measures for the control of insects, rodents, and other vermin shall be applied to prevent harborage, breeding, and infestation of the premises. All stairs, walkways, ramps and porches shall be maintained free from accumulations of water, ice, snow and other impediments.

**6. Pets:** Management shall ensure that, if pets are kept in or outside the facility, only healthy animals are permitted, provided they are properly cared for, free of contagious disease or sickness, housed in clean facilities, and, if dogs or cats, have required rabies inoculations.

## **H. DESIGN AND CONSTRUCTION.**

**1. General:** Every facility must be planned, designed and equipped to provide adequate facilities for the care and comfort of each participant.

**2. Local Official Endorsement:** No facility will be licensed unless the Department has assurance that responsible local officials endorse the licensing of the facility.

**3. Local and State Codes and Standards:** Facilities shall substantially comply with pertinent local and state laws, codes, ordinances and standards with reference to design and construction, with these records of approval on file in the facility.

a. All day care facilities for adults with 12 or less participants shall be considered as Residential Occupancy as defined in the Standard Building Code and S.C. State Fire Marshal regulations.

b. All day care facilities for adults with 13 or more participants shall be considered as Educational Occupancy.

c. The Department uses as its basic codes the Standard Building Code, the Standard Plumbing Code, the Standard Mechanical Code, and the National Electrical Code. Buildings designed in accordance with the above mentioned codes will be



acceptable to the Department, provided, however, that the minimum requirements set forth in these standards are met. (II)

#### **4. Submission of Plans and Specifications:**

a. New Buildings, Additions or Major Alterations to Existing Buildings: When construction is contemplated either for new buildings, additions or major alterations to existing buildings, plans and specifications shall be submitted to the Department for review. All plans shall be drawn to scale with the title and date shown thereon. Construction work shall not begin until approval of the final drawings or written permission has been received from the Department. Any construction changes from the approved documents require approval by the Department. (II)

b. Preliminary submission shall include the following:

(1) Plot plan showing size and shape of entire site; orientation and location of proposed building; location and description of any existing structures, adjacent streets, highways, sidewalks, railroads, etc., and properly designated; size, characteristics and location of all existing public utilities, including information concerning water supply available for fire protection.

(2) Floor plans showing overall dimensions of buildings; locations, size and purpose of all rooms; location and size of doors, windows and other openings with swing of doors properly indicated; locations of smoke partitions and firewalls; locations of stairs, elevators, dumbwaiters, vertical shafts and chimneys.

(3) Outlined specifications listing a general description of construction including interior finishes and mechanical systems.

c. Final submission shall include the following:  
Complete working drawings and contract specifications, including layouts for plumbing, air conditioning, ventilation and electrical work, and complete fire protection layout.

d. When construction is delayed for a period exceeding 12 months from the time of approval of final submission, a new evaluation and/or approval is required.

e. One complete set of "as built" drawings shall be filed with the Department.

**5. Licensure of Existing Structures:** When an existing structure is contemplated for licensure as a new facility or as an expansion to an existing facility, the following submittals shall be made to the Department: (All plans shall be neatly prepared and drawn to scale with the title and date shown thereon.) (II)

a. Plot plan in accordance with H.4.b.1.

b. Floor plan(s) in accordance with H.4.b.2.

c. Description of construction including outside walls, partitions, floors, ceilings and roof. The method of heating and cooling shall also be included.

**6. Minor Alterations in Licensed Facilities:** When alterations are contemplated that may affect life safety, preliminary drawings and specifications, accompanied by a narrative completely describing the proposed work, shall be submitted to the Department for review and approval to insure that the proposed alterations comply with current safety and building standards.

**7. Location:**

a. Environment: The facility shall be located in an environment that is conducive to the type of care and services provided.

b. Transportation: The facility must be served by roads which are passable at all times and are adequate for the volume of expected traffic.

c. Parking: The facility shall have parking space to satisfy the minimum needs of participants, staff and visitors.

d. Communications: A telephone must be provided on each floor used by participants and additional telephones or extensions must be provided, as required, to summon help in case of fire or other emergency. Pay station telephones are not acceptable for this purpose.

**8. Physical Facilities:**

a. Rooms shall be provided depending on the amount or variety of programs and participants served. A minimum of one group activity room for adult day care services, and, in existing facilities, one room or partitioned rest area to accommodate beds shall be provided for participants who become ill or disturbed. New facilities shall have a room for resting purposes of adequate size to accommodate the appropriate number of beds as determined by licensed participants. Adequate storage space for supplies, personal belongings and attire shall be provided.

b. A minimum of 50 square feet of usable activity space, exclusive of hallways, storage space, kitchen, toilet and emergency resting area(s), office and other similar space, shall be provided for each participant. However, when the adult day care program is combined with a similar program, such as a senior citizens center, a minimum of 25 square feet of usable activity space in one group activity room is permissible, provided that this area is for the exclusive use of the adult day care participants and other recreational and craft areas are available. EXCEPTION: Facilities which were licensed as of May 7, 1991 will not be required to decrease the number of licensed participants solely as a result of this increased space requirement;

however, existing facilities which desire to change the number of licensed participants shall completely meet these requirements prior to issuance of a new license.

c. Only first floor occupancy shall be permitted except where elevators are provided or if only non-participant areas are located on the above floor(s), e.g., storage areas, staff offices, lounges, etc.

d. Every facility must be accessible to the physically handicapped in accordance with standard A117.1 of the American National Standards Institute, to include the provision of at least one restroom with handicapped specifications.

e. Toilet and Lavatory Facilities: (II)

(1) One toilet shall be provided for each 15 participants. Where separate staff and/or public toilets are not provided, employees and volunteers shall be included in the ratio. If urinals are used, they shall be counted as one-half of a toilet provided that flush toilets are also available.

(2) One lavatory with hot and cold water under pressure, shall be provided for every two flush toilets or fraction thereof.

(3) Soap dispenser(s) and paper towel dispenser(s) or electrical hand dryer(s) and toilet tissue shall be provided in each toilet room.

(4) Each toilet room shall contain at least one toilet and lavatory. The floor area shall not be less than 15 square feet for each toilet room. There shall be eight additional square feet per additional plumbing fixture in a toilet room.

(5) Grab bars shall be provided on at least one side of every toilet.

(6) There must be an electrical/electronic emergency signal system adjacent to each toilet which will notify a direct care staff member of a need for assistance.

(7) A waste receptacle shall be provided in each toilet room and shall be kept clean and emptied as needed.

(8) Toilet rooms shall be mechanically ventilated.

(9) Entrances to toilet rooms shall be of adequate width to allow entrance of wheelchairs.

f. Doors providing access into the facility shall be at least 36 inches wide to accommodate maneuvering of wheelchairs and/or emergency equipment. Hallways shall be at least 44 inches wide.

g. Heating, ventilation, and air conditioning:

(1) Heating, ventilation, and air conditioning systems shall be inspected and serviced (if needed) annually by a locally recognized and responsible maintenance service company, utility engineer, or registered engineer to verify that all such systems are functioning properly and are capable of maintaining a temperature range of 70-80 degrees Fahrenheit at all times in participant areas and that the systems meet appropriate Standard Building Code and NFPA standards.

(2) Mechanically operated systems shall be used to supply air to and exhaust air from janitor's closets, toilet rooms, and from spaces which are not provided with operable windows or outside doors.

h. The entrance shall be at grade level or above, be sheltered from the weather (unless prohibited by local codes) and accommodate wheelchairs.

i. A sufficient number of janitor closets shall be provided throughout the facility as required to maintain a clean and sanitary environment. Each shall contain storage space for housekeeping equipment and supplies.

j. There shall be at least two exits remote from each other.

k. Items such as drinking fountains, machines, and portable equipment or any other items shall not be located in the required exit corridors to restrict corridor traffic.

l. Thresholds and expansion joint covers shall be made sufficiently flush with the floor surface to accommodate wheeled service carts, wheelchairs, etc.

m. All corridor glazing materials that extend within 18 inches of the floor shall be of safety glass, plastic, wireglass, or other material that will resist breaking and will not create dangerous cutting edges when broken. Safety glass or plastic glazing materials shall be used for any shower doors or bath enclosures.

n. Cubicle curtains, if utilized, and draperies shall be noncombustible or rendered flame retardant.

o. Wall finishes shall be washable, and, in the immediate area of plumbing fixtures, shall be smooth and moisture resistant.

p. Wall bases in areas which are frequently subject to wet cleaning methods shall be tightly sealed and constructed without voids that can harbor insects.

q. Floor and wall penetrations by pipes, ducts, and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.

r. Interior finish materials shall comply with the following flame spread limitations:

(1) Floor, walls, and ceilings in exit ways or storage rooms containing flammable storage materials and in any other rooms of unusual fire hazard such as furnace rooms shall have a flame spread rating of not more than 75 (ASTM Standard E-84) and a smoke production rating of not less than .45 watts/sq. cm.

(2) Building insulation materials, unless sealed on all sides and edges, shall have a flame spread rating of 25 or less and a smoke developed rating of 150 or less.

s. Grounds: (II)

(1) Porches and walkways which are elevated more than 12 inches shall have barriers to prevent falls.

(2) Landings or gates shall be provided at each exterior door and each interior door opening into a stairway. Otherwise, such doors shall remain locked.

(3) Floors shall not have cracks or be of uneven elevation and shall be of non-skid surfaces so constructed to prevent falls.

**9. Water Supply and Plumbing: (II)**

a. Water Supply: Water shall be distributed to conveniently located taps and fixtures throughout the facility and shall be adequate in volume and pressure for all purposes including fire fighting.

b. The water supply shall meet the bacteriological, chemical, and physical requirements of the Department with appropriate records on file at the facility.

c. If a non-community water supply is used, approval from the Department shall be obtained to insure safe location, construction, proper maintenance and operation of the system.

d. Hot and cold water under pressure shall be supplied to the kitchen area where food is processed or handled, laundry room, if applicable, and toilet rooms. Hot water temperature in toilet room lavatories shall be maintained between 100-110 degrees Fahrenheit.

e. Plumbing:

(1) All plumbing material and plumbing systems or parts thereof installed shall meet the minimum requirements of the Standard Plumbing Code.

(2) All plumbing shall be installed in such a manner as to prevent back siphonage or cross-connections between potable and non-potable water supplies.

f. At least one drinking fountain shall be readily accessible to participants.

(1) Mechanical drinking fountains shall be of a sanitary angle stream "jet" design, properly regulated and maintained. At least one drinking fountain shall be at a level accessible to handicapped/wheelchair-bound participants.

(2) Where bottle water fountains are used, there shall be no less than one gallon of water on hand at all times for every 10 active participants.

(3) The use of "common drinking cups" is prohibited. Disposable cups, if used, shall be stored properly to prevent contamination.

g. Ice used for any purpose shall be made from water which comes from an approved source and shall be used only if it is manufactured, stored, transported, and handled in a sanitary manner. For use with an ice machine or portable cooler, an ice scoop must be stored outside the container on a sanitizable surface.

**10. Swimming Pool.** If a swimming pool is part of the facility, it shall be designed, constructed, and maintained pursuant to the Department's regulations governing swimming pools.

## **I. FIRE PROTECTION AND PREVENTION.**

### **1. Fire Extinguishers, Standpipes, and Automatic Sprinklers:**

Fire-fighting equipment such as fire extinguishers, standpipes and automatic sprinklers shall be provided as required by the Standard Building Code. Extinguishers shall be sized, located, installed and maintained in accordance with NFPA No. 10. Suitable fire extinguishers shall also be installed in all hazardous areas. Each facility shall conform with all state and local fire and safety provisions. (I)

**2. Alarms:** Where required, a manual fire alarm system in accordance with provisions of "Local Protective Signaling System," NFPA No. 72A, shall be provided. (I)

**3. Gases:** Pressurized gases (flammable and nonflammable) shall be handled and stored in accordance with the provisions of applicable NFPA codes. (I)

**4. Storage of Flammable Liquids and Supplies:** Quantities of flammable liquids shall be stored in accordance with applicable NFPA codes; cleaning supplies, detergents, matches, lighters and any other potential poisons or harmful items shall be stored inaccessible to participants. (I)

**5. Fire Extinguishers:** Adequate fire extinguishers of the 2-A:10-B:C type must be immediately available. Extinguishers shall be hung on the wall in a convenient location and at a convenient height for ready access. The licensee shall assure that the extinguishers are in proper condition for use at any time by inspecting monthly (may be

conducted by facility personnel), and servicing annually and hydrostatically testing every five years (by a professional firm). (I)

**6. Fire Safety Authority:** Each facility shall be inspected annually by an authorized representative of the State Fire Marshal's Office or the local fire safety authority having jurisdiction, to verify that all applicable fire and safety requirements have been met. A copy of that report will be forwarded to the Division of Health Licensing of this Department within 10 days after the fire inspection. (I)

**7. Fire Exits:** Fire exits will be so indicated by signs in accordance with NFPA requirements. (II)

## **J. ELECTRICAL REQUIREMENTS.**

**1. Emergency Electrical Power:** Emergency electrical power shall be adequate to maintain the operation of lighting for egress, fire detection equipment, and alarms. (I)

**2. Lighting and Electrical Services:** There shall be sufficient safe lighting for individual activities, including suitable lighting for corridors and baths. Lighting shall not be less than 50 foot candles at any point within the facility. There shall be covers on all light fixtures within the facility. (II)

## **K. GENERAL.**

Conditions arising which have not been covered in these regulations shall be handled in accordance with the best practices as interpreted by the Department.

## **L. PRE-LICENSING REQUIREMENTS FOR NEW FACILITIES.**

Prior to enrollment of participants to, and issuance of a license for new facilities, the following actions must be accomplished and documentation furnished at the final inspection:

1. Plans and construction must be approved by the Division of Health Facilities Construction, of this Department.

2. The facility shall submit a completed Application for License on forms which shall be furnished by the Division of Health Licensing. The following documents shall be submitted with the application:

a. Final construction approval of both water and wastewater systems by the appropriate District Environmental Quality Control Office of the Department. (Includes satisfactory laboratory reports of water samples taken by the local office of Environmental Quality Control.)

b. Approval from appropriate building official stating that all applicable local codes and ordinances have been met.

(1) If the facility is located within town or city limits, approval by the local fire chief stating that all applicable requirements have been met; or

(2) If the facility is located outside town or city limits, a written agreement with the nearest fire department that will provide protection and respond in case of fire at the facility.

c. Certification and laboratory test reports, provided by the manufacturer or supplier, that all carpeting purchased by the facility has been tested under:

(1) ASTM E-84 and has a flame spread rating of not more than 75; or

(2) ASTM E-648 or NFPA No. 253 with a rating of not less than .45 watts/sq. cm.

d. Certification by the contractor that only the carpeting described in (c) above was installed in the facility.

e. Certification by the manufacturer or supplier that all drapes and cubicle curtains purchased by the facility are flame or fire resistant or retardant.

f. Certification by the manufacturer or supplier that all wall covering materials purchased by the facility are fire or flame resistant or retardant.

g. Certification by the contractor that all fire alarm and smoke detection systems have been installed according to plans and specifications, have been tested and operate satisfactorily.

h. Certification by the contractor that the automatic sprinkler system, if applicable, has been completed and tested in accordance with the approved plans and specifications and NFPA No. 13. Include in the documentation a copy of the approval letter of the sprinkler shop drawings.

#### **M. PRE-REQUISITES FOR INITIAL LICENSURE.**

Prior to initial inspection and issuance of a license for a new day care facility for adults, the following documentation must be provided to the Division of Health Licensing:

1. A statement of program services, operating procedures and practices.
2. An administrative organizational chart or schematic.



3. A designated (labeled) floor plan with inside room dimensions. Note: Must meet the requirements under Section H.4.b.

4. Emergency medical care plan, to include written agreement for services of a licensed physician, availability of hospital and/or emergency services and assurance of transportation to facility.

5. Evacuation plan, for use in the event of fire and other emergencies, approved by the nearest fire department.

6. Method of food preparation and service, to comply with Section E, if applicable.

7. Statement of compliance from local zoning authority.

8. Heating, ventilation and air-conditioning systems and equipment inspection report.

9. State fire safety authority's inspection report.

10. Written evidence of the qualifications of the administrator.

11. Written evidence that an adequate number of direct care staff members are certified by the American Red Cross in first aid training and CPR from ARC or AHA, i.e., sufficient to staff at least one trained individual during all operating hours. (First Aid certification is not necessary if a licensed nurse is on duty.

12. A list of proposed staff, volunteers and interns which shall include experience, education and training.

## **N. STATEMENT OF RIGHTS OF ADULT DAY CARE PARTICIPANTS.**

Each participant must be accorded the following rights: (II)

1. The right to be treated as an adult, with consideration, respect, and dignity, including privacy in treatment and in care for personal needs.

2. The right to participate in a program of services and activities designed to encourage independence, learning, growth, and awareness of constructive ways to develop one's interests and talents.

3. The right to self-determination within the day care setting, including the opportunity to:

a. Participate in developing one's plan for services and any changes therein;

b. Decide whether or not to participate in any given activity;

- c. Be involved to the extent possible in program planning and operation;
  - d. Refuse treatment, if applicable, and be informed of the consequences of such refusal;
  - (e) End participation in the adult day care center at any time.
4. The right to be cared about in an atmosphere of sincere interest and concern in which needed support and services are provided.
  5. The right to a safe, secure and clean environment.
  6. The right to confidentiality and the requirement for written consent for release of information to persons not authorized under law to receive it.
  7. The right to voice grievances without discrimination or reprisal with respect to care or treatment, if applicable, that is (or is not) provided.
  8. The right to be fully informed, as evidenced by the participant's written acknowledgment of these rights, of all rules and regulations regarding participant conduct and responsibilities.
  9. The right to be free from harm, including unnecessary physical or chemical restraint, isolation, excessive medication, if applicable, abuse, or neglect.
  10. The right to be fully informed, at the time of acceptance into the program, of services and activities available and related charges.
  11. The right to communicate with others and be understood by them to the extent of the participant's capability.

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